MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04233

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Beulah (Middle) Elizabeth (Last) Amos

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED | 8. DATE OF BIRTH: 1-28-12 | 9. AGE last birthday: 40 yrs. | If under 1 year: Months 2, Days 15 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clarence Hall | 14. MOTHER'S MAIDEN NAME: Ida Cordrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: James Amos — Rocks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Kidney failure — 1 wk.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — yrs.

(c) Hypertension — yrs.

442.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11, 1952, to 4-13, 1952, that I last saw the deceased alive on 4-13, 1952, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

H. D. Wilson M.D. Harford Mem. Hosp. 4/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: April 15 1952 | NAME OF CEMETERY OR CREMATORY: Pine Grove | LOCATION (City, town, or county) (State): Shane Balto Co Md

DATE REC'D BY LOCAL REG.: Apr. 13-1952 | REGISTRAR'S SIGNATURE: A. L. Lewis M. D. | 24. FUNERAL DIRECTOR: Charles E. Kurtz | ADDRESS: Jarrettsville Md

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04234

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Port Deposit
STREET ADDRESS (If rural, give location) Craigtown.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ola (Last) Baker
4. DATE OF DEATH (Month) April (Day) 10 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH July 15, 1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William B. Weir
14. MOTHER'S MAIDEN NAME Mary Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Harry Baker, Port Deposit, Md. Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Failure	1 hr.
450.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	20 yrs.
	(c) Bilateral Gangrene of Feet & Legs	3 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4-7-52
19b. MAJOR FINDINGS OF OPERATION Bilateral ~~[illegible]~~ gangrene of feet & legs
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1952, to 4-10, 1952, that I last saw the deceased alive on 4-10, 1952, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE Harry J. Weber (Degree or title) M.D. ADDRESS Harford Mem. Hosp. DATE SIGNED 4/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-14-1952
NAME OF CEMETERY OR CREMATORY Asbury
LOCATION (City, town, or county) Port Deposit, Md. (State) Rural.

DATE REC'D BY LOCAL REG. April 14-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Lee A. Patterson & Son, Perryville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 121 N. Stokes Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 121 N. Stokes Street

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Elizabeth (Last) Barrett

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 15, 1862

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Cecil County

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas P. Mace

14. MOTHER'S MAIDEN NAME: Sarah Jane Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ———

17. INFORMANT AND ADDRESS: Mr. Stanley M. Barrett, 900 S. Adams Street, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	5 years
	(c)	

4200

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1952, to April 26 1952, that I last saw the deceased alive on 11 A.M., 4/26/52, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE: Daniel D. Yates (Degree or title): M.D. ADDRESS: Havre de Grace DATE SIGNED: 4/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Ap. 29, 1952 | NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery | LOCATION (City, town, or county) (State): Cecil County Md.

DATE REC'D BY LOCAL REG.: Apr. 29-1952 | REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: R. Madison Mitchell ADDRESS: Havre de Grace Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ~~Wm~~ Henry (Middle) Clay (Last) Carr

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 3 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Farm

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm Henry Carr

14. MOTHER'S MAIDEN NAME: Elizabeth Christy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs Elizabeth Griffith Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 4 hours

33N Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — uncertain

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation, chronic, moderate undetermined

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1952 to April 28, 1952, that I last saw the deceased alive on April 28, 1952 and that death occurred at 5 00 P. m., from the causes and on the date stated above.

SIGNATURE: Paul S. Stonesifer Jr. (Degree or title) M.D. ADDRESS: 615 Hickory Ave. Bel Air DATE SIGNED: Apr. 28, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 1, 1952 — NAME OF CEMETERY OR CREMATORY: Emory Cem — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: May 1, 1952 — REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 237

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural - Bel Air
MARYLAND LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel Air Md
STREET ADDRESS (If rural, give location) Forrestain Green

3. NAME OF DECEASED: (First) GEORGE (Middle) R. (Last) CARTER
4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~. (Specify): married
8. DATE OF BIRTH: Oct 2 1892
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STORE KEEPER
10b. KIND OF BUSINESS OR INDUSTRY: Self ~~Employed~~
11. BIRTHPLACE (State or foreign country): Hillsville Va
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: Wilburn Carter
14. MOTHER'S MAIDEN NAME: Jane Coulson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT & ADDRESS: Mrs Minta L Carter Bel Air, Md R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) PULMONARY TUBERCULOSIS — INTERVAL BETWEEN ONSET AND DEATH: 11 yrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ← none —
DUE TO
(c)

0024

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 43., to April 12 52, that I last saw the deceased alive on April 12 1952, and that death occurred at 10:00 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Willard P. Hudson M.D Forest Hill Md 4/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Apr. 16/52 NAME OF CEMETERY OR CREMATORY Brethern Coulson LOCATION (City, town, or county) (State) Hillsville Va

DATE REC'D BY LOCAL REG. 4/13/52 REGISTRAR'S SIGNATURE Priscilla Fawood 24. FUNERAL DIRECTOR ADDRESS Joseph T Forbes Bel Air, Md

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 568 Congress Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 568 Congress Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eugene	Wingfield	Coakley	April	27	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Nov. 15, 1863	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Jockey	Race Track	Fredericksburg, Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Coakley	Josephine Wingfield Coakley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Myrtle G. Coakley

18. MEDICAL CERTIFICATION 568 Congress Ave.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Decompensation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility - Cardio - Vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1952, to 4-27, 1952, that I last saw the deceased alive on 4-27, 1952, and that death occurred at 9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 30, 1952	Angel Hill Cemetery	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 29-1952	A. L. Lewis M.D.	R. Madison Mitchell	Havre de Grace, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A18

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street, Md.
STREET ADDRESS (If rural, give location) Rural at Highland

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Fendall (Last) Cushing

4. DATE OF DEATH: (Month) April (Day) 27, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, (DIVORCED) (Specify)

8. DATE OF BIRTH: Sept 28 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Edward Fendall

14. MOTHER'S MAIDEN NAME: ~~Elsie~~ Laura Street

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Thomas Gladden, Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremic poisoning	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia	5 yrs.
	(c) Hypertensive cerebro renal disease	6 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to April 27, 1952, that I last saw the deceased alive on April 26, 1952, and that death occurred at 11 55 P. m., from the causes and on the date stated above.

SIGNATURE: Charles A. Hall (Degree or title) MD. ADDRESS: Street, Md. DATE SIGNED: April 27, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 30 1952 | NAME OF CEMETERY OR CREMATORY: Holy Cross Cem. | LOCATION (City, town, or county): Rocks, (State) Md.

DATE REC'D BY LOCAL REG. 4/28/52 | REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: Hubert P. Hopkins ADDRESS: Delta, Pa.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood; LENGTH OF STAY (In this place) 1 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) KUNNIE-GUNDA (Middle) (Last) DAUGHTON

4. DATE OF DEATH: (Month) APRIL (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: SEPT 12 1863

9. AGE last birthday: 88 yrs. If under 1 year: Months 7, Days 13; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN KRELL

14. MOTHER'S MAIDEN NAME: SOPHIA KUNTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: MRS DENNIS SANDERS Edgewood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	4 days
4321 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic CVD Disease	12 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Cellulitis (advanced) 8 yrs

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1946, to April, 1952, that I last saw the deceased alive on April 25, 1952, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE: I Ralph Duke (Degree or title) ADDRESS Md Aberdeen DATE SIGNED April 25

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/28-52 — NAME OF CEMETERY OR CREMATORY: TRINITY-LUTHERAN — LOCATION (City, town, or county) (State): Joppa Harford, Md

DATE REC'D BY LOCAL REG. May 1 1952 — REGISTRAR'S SIGNATURE: Mary M Mondesdale

24. FUNERAL DIRECTOR: Martin E Kurtz — ADDRESS: Jarrettsville Md.

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH COUNTY Harford Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper X Roads Md
LENGTH OF STAY (in this place) Eight
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston Md. R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) August (Middle) G. (Last) Goetz
4. DATE OF DEATH (Month) April (Day) 30 (Year) 1952
5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 22-1882
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY owns farm
11. BIRTHPLACE (State or foreign country) Balto Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Goetz
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mrs. Margaret Phillips Fallston Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

1X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr. 3, 1942, to 4/30, 1952, that I last saw the deceased alive on 4/30, 1952, and that death occurred at 2:10 P. m., from the causes and on the date stated above.

SIGNATURE Clifford F. Hudson (Degree or title) M.D. ADDRESS Fork, Md. DATE SIGNED 5/1/52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF May 2-52
NAME OF CEMETERY OR CREMATORY Bel Air Mem. Gardens
LOCATION (City, town, or county) Bel-Air (State) Md

DATE REC'D BY LOCAL REG. 5/1/52
REGISTRAR'S SIGNATURE Priscilla Towood
24. FUNERAL DIRECTOR C. E. Luther ADDRESS Fork Md.

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fallston R.F.D. | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bertha ~~Pitt~~

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fallston R.F.D. Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) E. (Last) Goetz
4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1952
5. SEX: F | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Nov. 19 - 1898 | 9. AGE last birthday: 53 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Aberdeen Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Chas. E. Parkhurst | 14. MOTHER'S MAIDEN NAME: Mary C. Dawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. Margaret Phillips Fallston Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Duration	2 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Cervix &	14 Mos.
	(c) vagina with Metastasis to Pelvis & Bowel.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/12/52 | 19b. MAJOR FINDINGS OF OPERATION: Ca. of cervix & uterus & generalized metastasis | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7, 1951, to 4/3, 1952, that I last saw the deceased alive on 4/3, 1952, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Clifford F. Hudson, M.D. | Fork Md | 4/14/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF April 7-52 | NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens | LOCATION (City, town, or county) Bel Air (State) Md

DATE REC'D BY LOCAL REG. 4/6/52 | REGISTRAR'S SIGNATURE Priscilla Lowood | 24. FUNERAL DIRECTOR Clarence E. Arthur | ADDRESS Fork Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 8 1952
BUREAU V. S.

243

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
LENGTH OF STAY (In this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) E. (Last) Hall
4. DATE OF DEATH (Month) Apr. (Day) 19 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 9/13/1919
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George C. Hall
14. MOTHER'S MAIDEN NAME Agatha C. Koester
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-18-9609
17. INFORMANT AND ADDRESS George C. Hall, Joppa, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Nephrosis — 1 yr

757.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital polycystic kidneys

(c) Indoxylinemia — 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1939, to April, 1952, that I last saw the deceased alive on April 18, 1952, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE J. Ralph Hockey (Degree or title) ADDRESS Churchville DATE SIGNED April 21 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/22/1952
NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens
LOCATION (City, town, or county) (State) Bel Air, Harford, Md.

DATE REC'D BY LOCAL REG. 4/22/1952
REGISTRAR'S SIGNATURE Mame M. Mondadale
24. FUNERAL DIRECTOR Howard K. McCormick & Son ADDRESS Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important: Physicians: please write the causes of death clearly and legibly.

VS. A-1

RECEIVED
APR 25 1952
BUREAU V. S.

244

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE | LENGTH OF STAY (In this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JOPPA
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ISAAC (Middle) M (Last) HOLLEY
4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, [redacted] DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	Colored	MARRIED	Sept. 22 1883	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ISAAC HOLLEY
14. MOTHER'S MAIDEN NAME: IDA Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-10-8352
17. INFORMANT AND ADDRESS: Nellie Holley, Joppa R.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-vascular Accident — 6 days.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - Arteriosclerotic Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2-52, 19..... to 4-8-52, 19....., that I last saw the deceased alive on 4-8-52, 19....., and that death occurred at 6:10 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald H. MacPherson	Harford Mem. Hosp.	Havre de Grace, Md.	4/8/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	4/13/1952	Magnolia Baptist	Magnolia Harford	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 15-1952	A. L. Lewis M.D.	Howard L. McComas Jr.	Aberdeen Md

RECEIVED
APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DORA (Middle) V. (Last) HOWLETT

4. DATE OF DEATH (Month) April (Day) 16 (Year) 1952

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH Oct. 25 1868 | 9. AGE last birthday 83 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathan Heaps | 14. MOTHER'S MAIDEN NAME Martha Keith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Mrs. Hazel Mathis, Whiteford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paralytic Ileus

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mesenteric Thrombosis.

(c) Arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 51, to April 16, 1952, that I last saw the deceased alive on April 16, 1952, and that death occurred at 6:20 P. m., from the causes and on the date stated above.

SIGNATURE Louis A. Hunt, M.D. (Degree or title) ADDRESS Delta, Pa. DATE SIGNED 4/17/52

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF Apr. 20-1952 | NAME OF CEMETERY OR CREMATORY Stateville cemetery | LOCATION (City, town, or county) Delta, (State) Penna.

DATE REC'D BY LOCAL REG. 4/18/52 | REGISTRAR'S SIGNATURE Priscilla Harwood | 24. FUNERAL DIRECTOR Herbert P. Hopkins ADDRESS Delta, Pa.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 23 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

114246

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coatesville
STREET ADDRESS (If rural, give location) 214 UNION ST.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl Hope (Last) KASIAN
4. DATE OF DEATH (Month) APR (Day) 25 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 24 APR 52
9. AGE last birthday ✓ — yrs. If under 1 year Months Days If under 24 hrs. Hours 18 Min. 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWBORN
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME HENRY ANTHONY KASIAN
14. MOTHER'S MAIDEN NAME DOROTHY ELIZABETH GRANT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS 214 union St. H.A. Kasian, Coatesville, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) RESPIRATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH 12 HRS

769.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PREMATURITY (32 WKS), CEREBRAL ANOXIA DUE TO MATERNAL HEMORRHAGE

(c) MATERNAL PLACENTA PREVIA WITH SEPARATION

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 APR, 1952, to 25 APR, 1952, that I last saw the deceased alive on 25 APR, 1952, and that death occurred at 4:05 P.m., from the causes and on the date stated above.

SIGNATURE R B Norment (Degree or title) MD ADDRESS Havre de Grace DATE SIGNED 4-25-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-26-1952
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) (State) Port De Posit, Cecil Co. Md

DATE REC'D BY LOCAL REG. Apr. 26-1952
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

2042224303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1952
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; STATE Md MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston; LENGTH OF STAY (in this place) 52 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston (rural); STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Belinda (Last) Kearney

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 13, 1867

9. AGE last birthday: 85 yrs. If under 1 year: Months; Days 29; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bonneville, Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Smith

14. MOTHER'S MAIDEN NAME: Louise Hemler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. John Mahaney, Fallston, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Infarction — Interval Between Onset and Death: 1½ hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertensive Cardiovascular Dis. — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal calculus (Lt). — 5 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 2, 1942, to April 12, 1952, that I last saw the deceased alive on Apr. 12, 1952, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson, M.D. Fork Md. 4/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Apr. 15, 1952

NAME OF CEMETERY OR CREMATORY: St Johns

LOCATION (City, town, or county) (State): Long Green, Balto Co. Md

DATE REC'D BY LOCAL REG. 4/13/52

REGISTRAR'S SIGNATURE: Priscilla Towson

24. FUNERAL DIRECTOR ADDRESS: Martin L. Kurtz, Jarrettsville, Md.

RECEIVED
APR 17 1952
BUREAU M. S.

18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harford Creamery
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harford Creamery
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nathaniel (Middle) Calvin (Last) Kirkwood
4. DATE OF DEATH (Month) Apr (Day) 9 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 25, 1888
9. AGE last birthday 64 yrs. If under 1 year Months 0 Days 15 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY General farming
11. BIRTHPLACE (State or foreign country) Spawsville Harford Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Kirkwood
14. MOTHER'S MAIDEN NAME Mary Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Calvin Kirkwood White Hall Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure & pulmonary congestion

+201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to multiple coronary infarctions,

(c) hypotension, & malnutrition.

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10, 1952, to Apr. 9, 1952, that I last saw the deceased alive on Apr. 9, 1952, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Norman H. Gemmill, M.D. ADDRESS Stewartstown, Pa. DATE SIGNED Apr. 11, 1952.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr 12 1952
NAME OF CEMETERY OR CREMATORY Agnes Chapel
LOCATION (City, town, or county) Dry Branch Harford (State) Md
DATE REC'D BY LOCAL REG. 4/11/52
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Martin G. Kurtz ADDRESS Jarrettsville Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) MARYLAND 15 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 742 Linden Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location) 742 Linden Lane

3. NAME OF DECEASED (Type or Print): (First) Blaine (Middle) Jackson (Last) Lucas

4. DATE OF DEATH: (Month) 4 (Day) 9 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept 25 1906

9. AGE last birthday: 45 yrs. If under 1 year: Months 6; Days 13+; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lmn. R.R.

10b. KIND OF BUSINESS OR INDUSTRY: Flagman

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Emory J. Lucas

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 717-07-5669

17. INFORMANT AND ADDRESS: Mrs. B. J. Lucas Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Frontal Lobe of Brain

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 2 days; (b) 6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec. 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Brain - Frontal lobe

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1951 to April 9, 1952 that I last saw the deceased alive on 4/9, 1952 and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Owen L. Wachsman M.D. ADDRESS Havre de Grace, Md DATE SIGNED 4/11/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: April 12/52

NAME OF CEMETERY OR CREMATORY: West Nottingham

LOCATION (City, town, or county), (State): near Port Depot Md

DATE REC'D BY LOCAL REG.: April 14 1952

REGISTRAR'S SIGNATURE: T. L. Lewis M.D.

24. FUNERAL DIRECTOR: Pennington & Son Havre de Grace, Md ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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APR 14 1992
BUREAU OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04250

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford, Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Street; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Street, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Robert (Last) Miller

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 6, 1873

9. AGE last birthday: 79 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Harford Co, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Harrison Miller

14. MOTHER'S MAIDEN NAME: Mary Ellen Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 216 03 2415

17. INFORMANT AND ADDRESS: J. Hayes Miller Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremic poisoning — Interval Between Onset and Death: 3 days

4422 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cerebrovascular renal disease — Interval Between Onset and Death: Indefinite

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 28, 1952 to April 30, 1952 that I last saw the deceased alive on April 29, 1952 and that death occurred at 6 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles C. Neff M.D. ADDRESS: Street, Md. DATE SIGNED: April 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 3 1952 — NAME OF CEMETERY OR CREMATORY: Rock Run Cem — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: May 3 1952 — REGISTRAR'S SIGNATURE: Priscilla Fouwood

24. FUNERAL DIRECTOR / ADDRESS: H. S. Bayley. Darlington, Md.

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BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 51

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Bel Air
LENGTH OF STAY (in this place): 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Magnolia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) B. (Last) OAKLEY

4. DATE OF DEATH: (Month) APRIL (Day) 11 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Wid.

8. DATE OF BIRTH: Jan. 15, 1856

9. AGE last birthday: 96 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Railroads

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Oakley

14. MOTHER'S MAIDEN NAME: — Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Columbus Oakley Balto Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) CORONARY OCCLUSION — 10 Min

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Chr. Cardio-Vascular Disease — ?

DUE TO (c)

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1951, to April 11, 1952, that I last saw the deceased alive on April 9, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Willard P. Hudson, M.D. ADDRESS Forest Hill, Md. DATE SIGNED 4/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Apr. 15, 1952

NAME OF CEMETERY OR CREMATORY St. Francis

LOCATION (City, town, or county) (State) Abingdon Harford Md

DATE REC'D BY LOCAL REG. 4/13/52

REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR Howard R. McComas & Son ADDRESS Abingdon Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) — MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East — STREET ADDRESS (If rural, give location) R.D.

3. NAME OF DECEASED (Type or Print): (First) — (Middle) — (Last) Parrett

4. DATE OF DEATH: (Month) 4 (Day) 30 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) S

8. DATE OF BIRTH: 4-28-52

9. AGE last birthday: ——— yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Carl Albert Hounaker

14. MOTHER'S MAIDEN NAME: Betty Virginia Parrott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis

762.5 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 1952, to 4-30, 1952, that I last saw the deceased alive on April 29, 1952, and that death occurred at 1 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elmer McDonald Jr. M.D. Aberdeen, Md. 4-30-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-1-1952 — NAME OF CEMETERY OR CREMATORY METHODIST — LOCATION (City, town, or county) (State) NORTH EAST Md

DATE REC'D BY LOCAL REG. Apr. 30-1952 — REGISTRAR'S SIGNATURE A. L. Lewis M.D. — 24. FUNERAL DIRECTOR ADDRESS Joseph T. Fraser Inc. Funeral Home

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (In this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location) 71 Battle St.,

3. NAME OF DECEASED (Type or Print): (First) Bernard (Middle) (L.) Pugh

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1952

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 12/23/1951

9. AGE last birthday: yrs. 3 — If under 1 year: Months — If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Pugh

14. MOTHER'S MAIDEN NAME: Minnie Briggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: John Pugh, Edgewood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diarrhoea — 12hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 571.0

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dehydration — 12hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md. 4/15/52

23. BURIAL, CREMATION REMOVAL (Specify) burial — DATE THEREOF 4/17/1952 — NAME OF CEMETERY OR CREMATORY John Wesley — LOCATION (City, town, or county) (State) Abingdon, Harford, Md.

DATE REC'D BY LOCAL REG. April 7, 1952 — REGISTRAR'S SIGNATURE Mame M Monsdale

24. FUNERAL DIRECTOR ADDRESS Howard K. McCormick Son Abingdon Md

20V1256:+3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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APR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen Rural; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Aberdeen, Maryland Post Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen Rural; STREET ADDRESS (If rural, give location) Post Road

3. NAME OF DECEASED (Type or Print): (First) ANN (Middle) F. (Last) RUSSELL

4. DATE OF DEATH: (Month) April (Day) 20, (Year) 1952

5. SEX: White

6. COLOR OR RACE: Female

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 21st 1915

9. AGE last birthday: 37 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Zellman

14. MOTHER'S MAIDEN NAME: Mary A. Dudeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-28-1899

17. INFORMANT: Henry W. Zellman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound of chest and abdomen

981X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home

(CITY OR TOWN): Aberdeen (COUNTY): Harford (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 4/20/52 6:00 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? firearms

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: B.F. Fisher (Degree or title) ADDRESS: Chief Medical Examiner, 700 Fleet Street, Balto. 2, Md. DATE SIGNED: 4/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 4/24/52 NAME OF CEMETERY OR CREMATORY: Trinity Cemetery LOCATION (City, town, or county) (State): Churchville Maryland

DATE REC'D BY LOCAL REG: illegible REGISTRAR'S SIGNATURE: illegible

24. FUNERAL DIRECTOR: Henry Tarring & Sons Aberdeen Maryland ADDRESS

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryman — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: near St. Georges Church

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryman
STREET ADDRESS (If rural, give location): near St. Georges Church

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Simpson (Last) Russell
4. DATE OF DEATH: (Month) April (Day) 6th (Year) 1952
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 24-1888
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tract Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Penna. Rail Road
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm. Russell
14. MOTHER'S MAIDEN NAME: Catherine Shirling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 717-07-5410
17. INFORMANT AND ADDRESS: Mrs. Harry S. Russell - Perryman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis — 3½ wks

(c) Arteriosclerotic Cardiovascular Disease — 1 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1952 to Apr 6, 1952, that I last saw the deceased alive on April 6, 1952, and that death occurred at 3:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

[illegible] — [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 9th 1952 — NAME OF CEMETERY OR CREMATORY: Spesutia Cemetery — LOCATION (City, town, or county) (State): Perryman Maryland

DATE REC'D BY LOCAL REG.: April 9-52 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: Henry Tarring and Sons. Aberdeen Maryland.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 56

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MAY (Middle) (Last) STANWOOD
4. DATE OF DEATH: (Month) (Day) (Year) April 19 1952
5. SEX: Fem
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Unknown about 75 yrs.
9. AGE last birthday: IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework at Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Phila Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Isaac Stanwood
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Mrs Bessie Walters

18. MEDICAL CERTIFICATION Bel-Air Rural Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH 3/21/52
443X
DUE TO
Antecedent cause(s) (b) Hypertensive Cardio-Vascular Disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to April 19 1952 that I last saw the deceased alive on April 17, 1952 and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Willard P. Hudson, M.D. Forest Hill Md 4/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 23 1952
NAME OF CEMETERY OR CREMATORY Woodlands Cem.
LOCATION (City, town, or county) ~~Phila~~ Philadelphia (State) Penna.
DATE REC'D BY LOCAL REG. April 29, 1952
REGISTRAR'S SIGNATURE C. W. Kirk
24. FUNERAL DIRECTOR H. S. Bailey, Darlington, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-52

RECEIVED
MAY 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whitehall
STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print) (First): Estella (Middle): J. (Last): Thomas
4. DATE OF DEATH (Month): April (Day): 27 (Year): 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 5, 1901
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Morgan Doster
14. MOTHER'S MAIDEN NAME: Bessie Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Grover Thomas, Whitehall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myelogenous Leukemia — 6 mos.

1.1 Antecedent cause(s) (b) Anemia cause unknown

[illegible] or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1952, to 4-27, 1952, that I last saw the deceased alive on 4-26, 1952, and that death occurred at 11:50 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): M.D. — ADDRESS: Harford Mem. Hosp. — DATE SIGNED: 4/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 30, 1952 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery — LOCATION (City, town, or county) (State): Freeland Balto. Co. Md.
DATE REC'D BY LOCAL REG.: Apr. 27 1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Jacob Hartenstein — ADDRESS: New Freedom, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
APR 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (In this place) 2 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Elkton
STREET ADDRESS (If rural, give location) R. D. # 5

3. NAME OF DECEASED (Type or Print): (First) Patrick (Middle) (Last) Vergara
4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 18, 1952
9. AGE last birthday: yrs. | If under 1 year: Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Patrick Vergara
14. MOTHER'S MAIDEN NAME: Catherine Bryan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records - Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulated Inguinal Hernia, Right — Interval Between Onset and Death: 48 hours.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Inguinal Hernia, Right

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-18-52
19b. MAJOR FINDINGS OF OPERATION: Strangulated Inguinal Hernia, Right
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-18-, 1952, to 4-19-, 1952, that I last saw the deceased alive on 4-19, 1952, and that death occurred at 4:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Donald H. MacPherson M.D. Harford Mem. Hosp. Havre de Grace 4/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4-21-52
NAME OF CEMETERY OR CREMATORY: Methodist
LOCATION (City, town, or county) (State): North East Md

DATE REC'D BY LOCAL REG.: Apr. 26-1952
REGISTRAR'S SIGNATURE: A. L. Lewis M. D.
24. FUNERAL DIRECTOR ADDRESS: Joseph R. Shaw North East Md

Sec. -1404

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APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]259

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Co Home
LENGTH OF STAY (In this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) — (Last) WALDRON

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 10/24/68

9. AGE last birthday: 84 (83) yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Waldron

14. MOTHER'S MAIDEN NAME: Eliz French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Clark Schapmire Bel Air Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Thrombosis	30 Min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Ch. hypertensive Cardio-Vascular disease ?	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Episode (Thrombosis) + Hemiplegia — May 1951

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to April 18, 1952 that I last saw the deceased alive on April 4, 1952, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Willard P. Hudson, M.D. Forest Hill, Md 4/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF April 5 52

NAME OF CEMETERY OR CREMATORY Co Home

LOCATION (City, town, or county) Bel Air R.D. (State) Md

DATE REC'D BY LOCAL REG. 4/18/52

REGISTRAR'S SIGNATURE Priscilla Townsend

24. FUNERAL DIRECTOR Joseph Hunter Bel Air Md ADDRESS

RECEIVED
APR 23 1952
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 260

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FALLSTON MD
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FALLSTON MD
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED: (Type or Print) (First) KATHERINE (Middle) M (Last) WERNEKE

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1952

5. SEX: FEM

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 2-24-1869

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ANDREW WEBER

14. MOTHER'S MAIDEN NAME: MARY ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: GEO J. WERNEKE FALLSTON MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia (terminal)	4 days
332X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hemiplegia	3 weeks
(154X)	DUE TO (c) Cerebral thrombosis	3 weeks

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of rectum — 2 years?

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1952, to April 17, 1952, that I last saw the deceased alive on April 16, 1952, and that death occurred at 3 05 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Paul S. Stonesifer Jr. M.D. 615 Hickory Ave. Bel Air, Md Apr. 17, 1952

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 4-21-52

NAME OF CEMETERY OR CREMATORY: HOLY CROSS CEM.

LOCATION (City, town, or county) (State): A.A. Co

DATE REC'D BY LOCAL REG. 4/18/52

REGISTRAR'S SIGNATURE: A.W. Bedinger

24. FUNERAL DIRECTOR ADDRESS: Bernard C. Hanke 121 E West St

DMD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04261

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 620 N. Adams St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 620 No. Adams St.

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Thomas (Last) Williams

4. DATE OF DEATH: (Month) Apl. (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Apl 12, 1946

9. AGE last birthday: 5 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roger Williams

14. MOTHER'S MAIDEN NAME: Arlene E. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Roger Williams, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

180X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis

(c) Toxemia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Apl 8, 1952, that I last saw the deceased alive on Apl 8, 1952, and that death occurred at 2a m., from the causes and on the date stated above.

SIGNATURE: Charles J. Farley M.D. (Degree or title) — ADDRESS: Havre de Grace Md — DATE SIGNED: 4/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/10/52 — NAME OF CEMETERY OR CREMATORY: Angel Hill Cem — LOCATION (City, town or county): Havre de Grace — (State): Md.

DATE REC'D BY LOCAL REG.: April 9-1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1992
BUREAU OF